

Charter
Defense Health Board

1. Committee's Official Designation: The Committee shall be known as the Defense Health Board (hereinafter referred to as "the Board").
2. Authority: The Secretary of Defense, under the provision of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d) (agency authority), established the Board.
3. Objectives and Scope of Activities: The Board shall provide independent advice and recommendations to maximize the health, safety, and effectiveness of all Department of Defense (DoD) health care beneficiaries, as set out in paragraph 4 below.
4. Description of Duties: The Board shall provide the Secretary and Deputy Secretary of Defense, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs, independent advice and recommendations on matters pertaining to:
 - a. DoD healthcare policy and program management.
 - b. Health research programs.
 - c. Requirements for the treatment and prevention of disease and injury by DoD.
 - d. Promotion of health and the delivery of efficient, effective, and high quality health care services to DoD beneficiaries.
 - e. Other health-related matters of special interest to DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).

The Board is not established to provide advice on individual DoD procurements, but instead shall be concerned with the DoD healthcare issues facing the DoD in the areas referenced above. No matter shall be assigned to the Board for its consideration that would require any Board member to participate personally and substantially in the conduct of any specific procurement or place him or her in the position of acting as a contracting or procurement official.

5. Agency or Official to Whom the Committee Reports: The Board reports to the Secretary and Deputy Secretary of Defense, through the USD(P&R). The USD(P&R), pursuant to DoD policy, may act upon the Board's advice and recommendations.
6. Support: The DoD, through the Office of the USD(P&R), shall provide support, as deemed necessary, for the Board's performance, and shall ensure compliance with the requirements of FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b) (hereinafter referred to as "the Sunshine Act"), governing Federal statutes and regulations, and established DoD policies/procedures.

7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contracting support, is approximately \$2,000,000.00. The estimated annual personnel costs to the DoD are 4.0 full-time equivalents.
8. Designated Federal Officer (DFO): The Board's DFO, pursuant to DoD policy, shall be a full-time or permanent part-time DoD employee, and shall be appointed in accordance with established DoD policies and procedures.

In addition, the Board's DFO is required to be in attendance at all Board and subcommittee meetings for the entire duration of each and every meeting. However, in the absence of the Board's DFO, a properly approved Alternate DFO, duly appointed to the Board according to DoD policies/procedures, shall attend the entire duration of the Board or subcommittee meeting.

The DFO, or the Alternate DFO, shall call all meetings of the Board and its subcommittees; prepare and approve all meeting agendas; adjourn any meeting, when the DFO, or the Alternate DFO, determines adjournment to be in the public interest, required by governing regulations, or DoD policies/procedures; and chair meetings when directed to do so by the official to whom the Board reports.

9. Estimated Number and Frequency of Meetings: The Board shall meet at the call of the Board's DFO, in consultation with the Board's President. The estimated number of Board meetings is four per year.
10. Duration: The need for this advisory function is on a continuing basis; however, it is subject to renewal every two years.
11. Termination: The Board shall terminate upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless the Secretary of Defense or his designee extends it.
12. Membership and Designation: The Board shall be composed of not more than 19 members who are appointed by the Secretary of Defense. The members shall be eminent authorities in one or more of the following disciplines: clinical health care, disease and injury prevention, health care delivery and administration, or strategic decisionmaking in government, industry, or academia.

Board members shall be appointed by the Secretary of Defense and their appointments will be renewed on an annual basis according to DoD policies/procedures. Board members who are not full-time or permanent part-time Federal employees shall be appointed to serve as experts and consultants under the authority of 5 U.S.C. § 3109 and serve as special Government employees. Each Board member is appointed to provide advice on behalf of the Government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest. With the exception of

travel and per diem for travel related to the Board, Board members shall serve without compensation.

The Secretary of Defense may approve the appointment of Board members for one-to-four year terms of service, with annual renewals; however, no member, unless authorized by the Secretary of Defense, may serve more than two consecutive terms of service on the Board, to include its subcommittees.

Regular Government officers or employees who participate in DoD's decisionmaking process for the Board are prohibited from serving on the Board or its subcommittees.

The Secretary of Defense, in consultation with the USD(P&R), shall appoint the Board's President. The USD(P&R) shall appoint the Vice President.

The USD(P&R), pursuant to DoD policies/procedures, may appoint, as deemed necessary, non-voting experts and consultants, with special expertise, to assist the Board or its subcommittees on an ad hoc basis. These non-voting experts and consultants are not members of the Board or its subcommittees, and shall not engage or participate in any deliberations by the Board or its subcommittees. These non-voting experts and consultants, if not full-time or part-time Government employees, shall be appointed under the authority of 5 U.S.C. § 3109, shall serve as special Government employees, and shall be appointed on an intermittent basis to work specific issues under consideration by the Board.

13. Subcommittees: The Department, when necessary and consistent with the Board's mission and DoD policies/procedures, may establish subcommittees, task groups, and working groups to support the Board. Establishment of subcommittees will be based upon a written determination, to include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).

Such subcommittees shall not work independently of the Board, and shall report all of their recommendations and advice solely to the Board for full deliberation and discussion. Subcommittees have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Board; nor can any subcommittee or its members update or report directly to DoD or any Federal officers or employees.

All subcommittee members shall be appointed in the same manner as the Board members; that is, the Secretary of Defense shall appoint subcommittee members even if the member in question is already a member of the Board.

Subcommittee members, if not full-time or part-time Government employees, shall be appointed to serve as experts and consultants under the authority of 5 U.S.C. § 3109, and shall serve as special Government employees, whose appointments must be renewed by the Secretary of Defense on an annual basis. With the exception of travel and per diem for

official travel related to the Board or its subcommittees, subcommittee members shall serve without compensation.

Each subcommittee member is appointed to provide advice on behalf of the Government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

All subcommittees operate under the provisions of FACA, the Sunshine Act, governing Federal statutes and regulations, and governing DoD policies/procedures.

Currently, DoD has approved the following permanent subcommittees to the Board.

- a. **Public Health Subcommittee:** This Subcommittee shall be composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: infectious disease, occupational health/medicine, preventive medicine, public health, and toxicology.

The Subcommittee , when tasked according to DoD policy/procedures, provides advice on matters pertaining to improving the overall health of members of the Armed Forces and their families through the evaluation of DoD public health programs and initiatives including education, health promotion and prevention activities, as well as disease and injury prevention research.

- b. **Health Care Delivery Subcommittee:** This Subcommittee shall be composed of not more than nine members, who are eminent authorities in at least one of the following disciplines: health care academia, health care finance/economics, health care policy/executive leadership, and patient care.

The Subcommittee , when tasked according to DoD policies/procedures, provides advice on matters pertaining to health care delivery, to include DoD health care policy and program management and research.

- c. **Neurological/Behavioral Health Subcommittee:** This subcommittee shall be composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: neurology, post-traumatic stress disorder, psychiatry, psychology, and traumatic brain injury.

The Subcommittee , when tasked according to DoD policies/procedures, provides advice on matters pertaining to psychological/mental health issues and neurological symptoms or conditions among members of the Armed Forces and their families.

- d. **Medical Ethics Subcommittee:** This Subcommittee shall be composed of not more than five members, who are eminent authorities in at least one of the following disciplines: clergy, DoD leadership, human research protection, attorneys with expertise in medical

ethics, and military health system beneficiaries. One member must have formal bioethics or medical ethics training or experience.

The Subcommittee, when tasked according to DoD policies/procedures, provides advice on matters pertaining to medical ethics.

- e. Trauma and Injury Subcommittee: This Subcommittee shall be composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: civilian or military trauma medicine systems.

The Subcommittee, when tasked according to DoD policies/procedures, provides advice on matters pertaining to trauma and injury, to include methods for prevention, recognition, clinical management, and treatment. It is the parent Subcommittee of the Committee on Tactical Combat Casualty Care.

- f. Committee on Tactical Combat Casualty Care: This Subcommittee is a permanent work group of the Trauma and Injury Subcommittee and shall be composed of not more than 31 members, who are physicians, nurses, physician assistants, or combat medics with experience in at least one of the following: military trauma medicine or systems or tactical combat casualty care.

The Subcommittee, when tasked according to DoD policies/procedures, provides advice on matters pertaining to in-theater care in the tactical environment.

- 14. Recordkeeping: The records of the Board and its Subcommittees shall be handled according to section 2, General Records Schedule 26 and governing DoD policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).

- 15. Filing Date: December 6, 2012